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Invoice ID: 2263567

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Applicant Form Identifier D61F472Y17-UPN

Block 1: Header Information

Need Help?

1. Billed Entity Name

2. Billed Entity Number

3. Service Provider

DARIEN SCHOOL DISTRICT

135743

Identification Number (SPIN)

61

143032551

4. Contact Name

JENNIFER PENA

5. Contact Telephone Phone

(630) 968-7505 ext. 153

Contact Fax

(630)968-0872

Contact Email

jpena@darien61.org

6. Total Reimbursement

Amount

(total from Block 2, Column 14)

\$ 16457.4

Block 2: Line Item Information Per Funding Request Number

Need Help?

Application

7. FCC Form 471 8. Funding **Billed Date**

10. Customer

7/1/2014

11. Shipping date to

(mm/dd/yyyy)

12. Total (Undiscounted)

13 Discount

14. Discount **Amount Billed to** Approval Status

Number (from Funding

1) 967964

Request Number (FRN)

Customer or Last Day of **Work Performed** **Amount for Service** Rate

USAC (Column 12 multiplied by

Column 13)

Commitment **Funding Decision Letter)**

Commitment Decision

Letter) 2634078

(from

\$ 27429.00

60

\$ 16457.40

CANCELED

Block 3: Billed Entity Certification

Need Help?

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 10/13/2015

2/19/2016 **BEAR Invoice**

17. Name ROBERT CARLO 18. Title/Position SUPERINTENDENT

20. Address 1

7414 CASS AVENUE

Address 2

DARIEN

City

State IL

Zip Code 60561 - 19. Phone Number

(630)968-7505

19a, Fax Number

(630)968-0872

19b, Email

BCARLO@DARIEN61.ORG

19c. Name of Authorized Darien School District 61

Person's Employer

Block 4: Service Provider Acknowledgment

Need Help?

Contact Information for Service Provider Authorized Person:

Submission Date 10/13/2015

23. Name

Ronda

25. Phone Number

Person's Employer

(816) 903-9400

Plummer

25a. Fax Number

(816) 903-9401

24. Title/Position Contracts Manager

25b, Email

ronda.plummer@upnllc.com

120 S Stewart 26. Address 1

Rd

25c. Name of Authorized Unite Private Networks

Address 2

City

Liberty MO

State Zip Code

64068 -

27. Applicant Remittance

Information

Name

Accounts

Payable

Title/Position

Darien

School District 61

Phone Number (630) 968-

7505

Address 1

7414 Cass Avenue

Address 2

City

Darien

State

IL

Zip Code

60561

Additional Comments:

OMB Number 3060 - 0856 Form 472

BEAR Invoice

SLD Home | Contact Us Client Service Bureau: 1-888-203-8100

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